Table of Contents

Division of Medical Assistance **General Clinical Coverage Policy No.: A5**
Mental Health Drug Management **Original Effective Date: October 1, 2008**
Program Administrative Procedures

1.0 Policy Statement

This policy applies to clinical criteria considered for prescriber peer-to-peer consultations. Peer-to-peer consultations shall result when selected prescribers are identified as having a pattern of prescribing medications for the treatment of a mental illness outside of established best practice guidelines. The peer-to-peer consultation will target inefficient, ineffective, or potentially harmful prescribing patterns.

2.0 Policy Guidelines

2.1 Identification of a Prescriber for Peer-to-Peer Consultation

The Medical Director for DMA and the Chief of Clinical Policy for the Division of Mental Health, Developmental Disabilities and Substance Abuse Services shall require a peer-to-peer consultation with a targeted prescriber if

a. the prescriber prescribes medication for a Medicaid recipient for the treatment of mental illness, including but not limited to schizophrenia, bipolar disorder, or major depressive disorder; and

b. the prescriber is identified to have a prescribing pattern that includes prescribing three or more psychotropic medications concurrently for Medicaid recipients 18 years of age and under.

2.1.1 Identification Priority

The prescriber of medication for a Medicaid recipient under 12 years of age shall be the priority if a hierarchical ranking for consultation is required.

2.2 Information Sources to Develop Criteria

Alternatives recommended during the peer-to-peer consultation shall be based upon available evidence-based criteria regarding efficacy or safety of covered treatments.

2.3 Clinical Criteria for Alternatives Discussed in the Peer-to-Peer Consultation

Alternatives discussed during the peer-to-peer consultation may include

a. Evaluation of psychosocial, support, and family therapies in addition to pharmacological interventions

b. Review of the assessment and diagnosis for the patient when changing therapy or adding additional medication in the case of poor response

c. Consideration of the most effective medication for diagnosis to initiate treatment; optimization of therapeutic dose before changing or adding medications

d. Consultation with expert child psychiatrist

e. Determination of whether a recent inpatient stay affected the drug regimen in question (if so, document, at a minimum, the inpatient institution from which the patient was discharged)

2.4 Criteria Review

The criteria used for the peer-to-peer consultation will be reviewed at least every two years to keep current with available evidence-based criteria regarding efficacy and safety of treatments used for mental illnesses, including schizophrenia, bipolar disorder, and major depressive disorder.

2.5 Decision-Making Authority

The targeted prescriber has final decision-making authority to determine which prescription drugs to prescribe or refill.

Note: Although clinical information in the Behavioral Pharmacy Management packet sent to selected prescribers is available for the peer-to-peer consult, the peer-to-peer consultation does not discuss specific cases or make specific recommendations.

2.6 Failure to Participate in the Peer-to-Peer Consultation

A peer-to-peer consultation shall be conducted by telephone. Targeted prescribers are encouraged to voluntarily participate in the consultation. After three unsuccessful attempts to contact the prescriber by telephone for a peer-to-peer consultation, the prescriber will be sent written correspondence to establish communication. Prescribers who do not respond to verbal or written attempts at communication regarding a peer-to-peer consultation may incur temporary suspension of Medicaid payments until the consultation has occurred.

2.7 Ongoing Monitoring of Peer-to-Peer Consultation Effects

Each quarter, DMA will review utilization of medications prescribed for Medicaid recipients for the treatment of mental illness—including but not limited to medications for schizophrenia, bipolar disorder, or major depressive disorder—to monitor outcomes from the peer-to-peer consultations. Summary findings and reports from peer-to-peer consultations will be shared with the N.C. Psychiatric Association, the N.C. Council of Child and Adolescent Psychiatry, and other appropriate specialty societies and subcommittees that are affected or can influence prescribing behaviors.

3.0 Policy Implementation/Revision Information

Original Effective Date: Month Day, Year

Revision Information:

Date	Section Revised	Change